Recommendations for Reducing Impaired Driving Recidivism through the Implementation of Risk Assessment and Proven Practices Programming.

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Abstract

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Statement of the Problem

As the number of motorists on today's roadways increases so does the number of impaired drivers. In 2009 it was report that 157 million Americans admitted to driving impaired (Cener for Disease Control and Prevention [CDC], n.d.). Impaired Driving is not only a reckless criminal act but it is the root cause of impaired driving fatalities. According to the CDC (n.d), it was reported that 10,839 people were killed from an alcohol related traffic accident in 2009. Alcohol related deaths are directly caused from an individual who made the mental decision to drive impaired, and typically it is not an individual's first time making a negative behavioral decision. The average impaired driver has driven impaired 80-200 times before being arrested by police (Scott et. al., 2006). Throughout 2009 in Minnesota, 32,756 individuals were arrested for impaired driving, 41% or 13,429 of those arrested had a prior impaired driving offense on their record (MN DOP, 2011). Furthermore, not only do 90% of those who recidivate do so within 10 years but they are more likely to have a higher blood alcohol concentration over .15 which significantly increases the risk of a fatal car accident (MN DOP, 2011). Fortunately since impaired driving is an individual behavior it is therefore a preventable crime (Linkenback & Perkins, 2005). Presently impaired driving programs vary widely based on state and county policies. Too often are participants placed in programming that is not only proven to be not effective at reducing recidivism but programs that can actually increase impaired driving

behavior. According to Lapham et al. (2011) AA was the most complained about court ordered program for impaired driving offenders which caused counterproductive attitudes while victim impact panels, another commonly court ordered program, was seen to have no long term effects on impaired driving recidivism. Millions of Americans continue to drive impaired due to poor programming which fails to address individual offender needs to prevent long term recidivism.

Methods of Approach

Information for this paper will be solely based on secondary sources. Such sources will include documentation from the fields of law enforcement, mental health, community corrections, department of transportation, social work and behavioral psychology. These sources will come from accredited journals, textbooks, data provided by the United States Department of Justice and the National Highway Traffic Safety Administration, National Institute of Mental Health and the National Institute of Corrections. A reference to the Driving With Care curriculum as well as the ASUDS, adult substance use and driving survey, risk assessment tool will be emphasized. The focus will be placed on the utilization and effectiveness of programming that designed specifically to reduce long term impaired driving recidivism.

Anticipated Outcomes

Implementing a standardized risk assessment tool as well as cognitive behavioral program designed specifically for impaired driving will lead to a reduction in recidivism. By effectively assessing individual offender risk factors, individual needs can be addressed through comprehensive programming aimed to enhance skills of participants which will ultimately help reduce future impaired driving. Such programming will not only increase public safety and reduce impaired driving fatalities but it will also reduce courtroom overcrowding and the financial strain on taxpayers.

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I. INTRODUCTION: NEED FOR IMPROVING IMPAIRED DRIVING PROGRAMING DESIGNED SPECIFICALLY TO REDUCE IMPAIRED DRIVING RECIDIVISM

Impaired driving is arguably one of the most prevalent criminal offenses in the United States. With a reported 157 million Americans admitting to driving impaired in 2009, impaired driving is a serious problem (Center for Disease Control and Prevention [CDC], n.d.). The behavior is dangerous because of the habitual commonality of the offense within society, the lack of seriousness taken by offenders and the countless victims that result.

The most prominent problem caused by impaired driving is the fatality and vehicular accident rate. According to the CDC (n.d.), in 2009 there were 10,839 people killed from alcohol related traffic accidents, 1,314 of which were children under the age of 14. Traffic accidents resulting in death are one example of the irreversible effects of impaired driving. Furthermore, alcohol related accidents cause tax payers an estimated 51 billion dollars annually (CDC, n.d.).

Victims are forced to endure the oftentimes horrific details of how an individual's death occurred who was involved in an alcohol related accident (Mothers Against Drunk Driving [MADD], 2003). For victims who survive an alcohol related accident there is often both physical and emotional pain. According to MADD (2005), victims as well as those associated with victims not only bear witness to seeing someone they love go through the frustrations of injury, pain, rehabilitation and emotional strain but they too go through a period of bereavement.

Unfortunately victimization does not stop at the individual level but also occurs on a more societal level each time an individual is arrested for impaired driving. A victim from impaired driving, as defined by Wanberg, Milkman and Timken (2005), is an individual who suffers emotionally, socially or physically. This oftentimes includes an offenders spouse,

children, relatives, employer, co-works and school. The societal impact continues when factoring in the persons who were impacted from impaired driving which can include: police, hospitals, detox centers, churches, charities, probation, the court system, jails, department of motor vehicles, insurance companies, vehicle impounds, attorneys, therapists and rehabilitation centers (Wanberg et al., 2005). The offense of impaired driving is an individual behavior which therefore makes it a preventable crime (Linkenback & Perkins, 2005). The criminal justice system as a whole can do more to reduce recidivism the recidivism of impaired driving to ultimately reduce victimizations.

The purpose of this study is to examine the theoretical components in current programs and laws that are intended to reduce impaired driving. The study will discover offender characteristics or traits, common mental health issues will be recognized and current impaired driving prevention initiatives will be studied. Specific programming such as cognitive behavioral programs and their influential ability to produce change towards individual attitudes, values and beliefs will be the main focus of study. A strong theoretical explanation will identify the numerous high risk factors that can lead to impaired driving behavior. Finally, recommendations will be made to implement a program and proper sanctioning that is applicable to all offenders including those of diverse ethnic backgrounds, different social values, education levels, economic status and mental capabilities.

The significant of this study will be to identify the essential risk factors that lead to impaired driving behavior. Recommendations regarding impaired driving sanctions and rehabilitative programming will be proposed in accordance with the high risk needs of the offender. State and county correctional agencies will be able to implement programming designed specifically for the diverse population of impaired drivers based from proven practices.

II. LITERATURE REVIEW: DIVERSE OFFENDER POPULATION, INFLUENCES CAUSED BY ALCOHOL, MENTAL HEALTH CONCERNS, CURRENT POLICIES AND PROGRAMMING IN PLACE TO PREVENT RECIDIVISM.

A. Impaired Driving Population

The offender population for impaired driving is extensively diverse. The impaired driving population includes nearly every breakdown of human characteristics such as: age, religious background, gender, education level, peer associations, time of day or day of the week, marital status and ethnicity. Additionally, impaired driving can occur at anytime and anywhere. Although the offender population for this particular criminal offense is extremely large there are commonalities among each characteristic. It is imperative that in order for a program to be effective at reducing impaired driving recidivism that the fundamental root cause as well as the differences in diversity or culture can be addressed in the process of change.

Age alone may not be a predictability characteristic but it can provide insight to alcohol use and thus the potential for impaired driving. According to Hingson, Heeren, Levenson, Jamanka, and Voas (2001b), individuals who reported an early age onset of alcohol consumption often reported operating a motor vehicle more often when impaired in that individuals who began consuming alcohol at age 14 were 4 times more likely to be involved in an alcohol related accident. This is partly caused because most of the heavy or binge drinking occurs when individuals are between the ages of twenty and their early thirties (Roman, Voas & Lacey, 2001). It is to no surprise that with the increase in alcohol consumption the alcohol related accidents also peak in the young adulthood years. As irresponsible young adults become dependent on alcohol and drink to intoxication safety concerns with impaired driving become alarming and prevalent.

Statistics from the National Highway Traffic Safety Administration (NHTSA, 2012)

concluded that of all the alcohol related crashes the most deadly age group were 21-24 year old individuals whom had a 34% mortality rate in 2010 killing 1,545 people. Impaired drivers' aged 25-34 actually had a higher mortality number of 2,566 deaths in 2010 but due to the higher number of impaired drivers in that category the overall percentage was 30% (NHTSA 2012). When analyzing strictly Minnesota in 2009, 63% of all traffic fatalities were alcohol related for individuals ages 25-29 and nearly half, approximately 16,378, DWI arrests were individuals age 20-29 (Minnesota Department of Public Safety Office of Traffic Safety [MN DOP], 2011). Although it appears that the highest at risk of being involved in a fatal car accident due to impaired driving are individuals ages 21-34, though other age groups should not be over looked. In 2010 there were 827 deaths caused by drivers who were consuming alcohol illegally between the ages 16-20, approximately 1,845 deaths were caused from the 35-44 age group and another 1,592 deaths caused by individuals age 45-55 (NHTSA 2012). As the mortality rate progressively decreases it is observed that offender age increases. The facts demonstrate that although individuals in there early adulthood are at a higher risk for being involved in a fatal car accident caused by impaired driving possibly due to the early onset of alcohol consumption, each age group has risk factors that need to be addressed.

Ethnic and cultural differences also cause dramatic differences in why alcohol is consumed and in what quantity. By analyzing 2008 data 56.2% of Whites use alcohol, 47.5% of Milanos, 43% of Native Americans, 43.2% of Hispanics, 41.9% of blacks and 37% of Asians reported consuming alcohol (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009). Furthermore, binge drinking rates are highest with Whites and Native Americans and lowest for Blacks and Milanos (SAMHSA, 2009). Even though the percentages are relatively close between cultural groups there are different underlying factors which aid in

explaining why, when and where people consume alcohol.

A study conducted by Roman et al. (2010), concluded that race and ethnicity play a significant functional role in behaviors associated with impaired driving. Ethnic differences can affect how bodies break down alcohol as well as cultural beliefs about alcohol consumption. For example, a cultural belief could be that consequences are not under the control of the individual so there is not a need to take precautions against impaired driving and the attitude that is held is if your caught your caught (Roman et al., 2010). This is a problematic view because the individual is not accepting the notion that impaired driving sanctions can be prevented. Additionally, Roman et al. (2010) points out further ethnic differences include the disparity in health care cover for treatment, social acceptance, negative attitudes towards society or law enforcement, ability to comprehend English or understand laws, socioeconomic stress, and religious views. Aside from completely abstaining from alcohol there needs to be a program that is capable of addressing the unique challenges that occur within a diverse culture.

Gender and relationships also play a considerable role in alcohol consumption and the risk level for impaired driving. Of the 31,965 male drivers that were involved in a fatal car accident involving alcohol there were 7,721 fatalities (24%) in comparison to 11,811 females who were involved in a alcohol related fatal accident which involved 1,810 fatalities (15%) in 2010 (NHTSA, 2012). What most individuals don't recognize is that an individual's emotional state plays a role in alcohol consumption and ultimately their risk of driving impaired. People consume alcohol to celebrate, to forget, they drink when they are happy and when they are sad. However, many fail to make the connection between their emotional attitude and alcohol use. In a study by Levitt and Cooper (2010), women were found to consume alcohol more than man in an attempt to regulate their emotions in that women heavily consumed alcohol when a

disconnection or negative feelings were felt between themselves and their partner. The same study also concluded that men were not as likely to consume alcohol to manage feelings or stressors of a relationship but to manage non-relationship stressors such as work or finances (Levitt & Cooper, 2010). Stressors, gender and relationships play a role in alcohol consumption which has the potential to result in an increase in impaired driving.

Impaired driving can occur at any given time however the majority of offenses occur during a given time frame on particular days of the week. During the weekday, Monday 6am through Friday 5:59pm, between the hours of 6am and 5:59pm there were 1,259 fatalities (7%) caused by alcohol impaired drivers compared to 837 fatalities (13%) during the weekend (NHTSA, 2012). Although the relevant number of fatalities is higher during the weekdays in comparison to the weekend fatalities it is important to look at the percentage fatal accidents, which is almost double during the weekend. This number becomes further emphasized when analyzing weekday and weekend evening accidents. During the weekday between the hours of 6pm and 5:59am there were 3,021 fatalities (32%) caused by alcohol impaired drivers compared to 4,476 fatalities (41%) during the weekend night hours (NHTSA, 2012). This data underlines the increased numbers of impaired drivers during weekends, specifically during 6pm through 5:59am the next day. Not only does the time of day and day of the week help predict impaired driving but the social norms of a community are predictive of impaired driving.

Social norms of a community or ones social network can set destructive standards regarding impaired driving. For example, if an individual resides in a city they may be more inclined to take a cab or use public transportation whereas individuals who live in a suburb may be more restricted to take an automobile, thus placing them at a higher risk for impaired driving. Additionally, groups of friends who drive impaired or have been convicted of impaired driving

themselves can create an accepting environment of the negative behavior. Unfortunately this often leads to repeat impaired driving offenders.

Repeat offenders account for a large percentage of impaired drivers which is an unfortunate statistic. In Minnesota throughout the year 2009 there were 32,756 individuals arrested for DWI which caused 141 deaths and 2,592 injuries from traffic accidents (MN DOP, 2011). Of those 32,756 DWI arrests in 2009, 41% or 13,429 of individuals had a prior DWI on their record which adds to the over half million licensed Minnesota drivers with a DWI prior on their record, breaking down to 1 in 7 drivers (MN DOP, 2011). Additionally, approximately 90% of all DWI offenders who recidivate will do so within ten years (MN DOP, 2011). Not only are over 40% of DWI offenders reoffending but they are also more dangerous to society.

Repeat DWI offenders are more dangerous because they often have a higher BAC and cause additional fatal accidents. According to MN DOP (2011) repeat DWI offenders are two times more likely to refuse an alcohol test during a DWI arrest. From 2005 to 2007 over 58% of repeat DWI offenders compared to 45% of first time offenders in Minnesota had a BAC level of .15 or higher which significantly increases the risk of a fatal car accident (MN DOP, 2011). Unfortunately not only is repeat DWI behavior more destructive in nature but it becomes more habitual with each new offense. By the time an individual obtains their 5th DWI offense they will be 63% more likely to reoffend (MN DOP, 2011). Recidivism is becoming a habitual problem among impaired drivers whom account for a large percentage of impaired driving offenses as well as deadly accidents. This amplifies the importance of implementing some type of a program to minimize the effects of repeat offenders.

B. Behavioral Influences of Alcohol

Not fully understood by many is the dangerousness of alcohol. Alcohol is a mind and

mood altering substance which is a toxin to the human body. Alcohol is a depressant to the human body which suppresses the central nervous system which slows down the mind and bodily functions. According to (Substance Abuse and Mental Health Services Administration [SAMHSA], (2005), common physical signs associated with alcohol use include overly dilated or constricted pupils, slurred speech, poor ability to maintain eye focus, poor coordination and being lethargic. Findings from (Cherpitel & Ye, 2010) concluded that individuals who partook in a given event that consumed alcohol were five times more likely to suffer injuries in comparison to participants who were sober. This emphasizes how alcohol influences an individual's ability to partake in risky or dangerous behavior. Examples of side effects caused from alcohol use which can impede an individual's ability to operate a motor vehicle by delaying reaction time, impairing speed or distance judgment and causing imbalances in coordination.

According to Hingson, Heeren, Jamanka, and Howland (2001a) individuals who begun consuming alcohol at age 14 were 2.8 times more likely to drink 5 or more drinks to reach intoxication at a rate of one time each week in comparison to individuals who began consuming alcohol at age 21. The increase in alcohol consumption and the frequency of use places individuals with an early alcohol onset age at higher risk for driving impaired. The study further concluded that the individuals who participated in the study that were heavy alcohol users were more likely to place themselves in deviant situations that lead to illegal or injury prone situations (Hingson et al., 2001a). This highlights the effects of alcohol tolerance. As tolerance increases an individual may believe they are okay to operate a motor vehicle because they do not feel intoxicated even though their blood alcohol concentration (BAC) may be clearly over the legal. Amongst the 14 million individuals over the age of 21 who were identified as having an alcohol dependency or abuse problem in 2003, 95% (13 million) had an onset age before 21 (Substance

Abuse and Mental Health Services Administration [SAMHSA], 2004). Alcohol dependency may not lead to impaired driving but if not addressed it can place individuals at high risk in the future.

Alcohol use, regardless if the individual is dependent or abusing the drug, can lead to mental impairments as well. In a study by, Vorstius, Radach, and Lang (2011), the research found that sober participants were able to automatically complete a given task in roughly 80 milliseconds in comparison to 100-200 milliseconds by those who had consumed alcohol. Although 200 milliseconds may not seem like a significant amount of time, it is more than double the standard automated processing time for cognitive processing. This data revealed the cognitive disruption or delay that alcohol causes within the brain (Vorstius et al., 2011). This is further emphasized by visual cognitive or mental disturbances that are seen by individuals consuming alcohol such as the inability to concentrate, disorientation, short-term memory loss, mental blackouts, and making inappropriate or irrational choices (SAMHSA, 2005). Impairments in cognitive processing such as the inability to rationalize or interpret a given situation may lead to an increase in impaired driving.

Alcohol also impacts an individual's attitude or mood. Common attitude changes include discussing continued alcohol abuse with others, lying, taking unnecessary risks, disregarding prior appointments and failing to comply with programming (SAMHSA, 2005). Maladaptive attitudes can place individuals at a higher risk for breaking the law and driving impaired. In a study by Carpenter (2005), the findings support the notion that there was an increase in impaired driving and disorderly conduct offenses for young males ages 18-20 who heavily consumed alcohol. Attitude, demeanor and mood can directly influence an individual's behavioral actions in which alcohol is an inhibitor in altering an individual's perspectives on reality.

C. Common Mental Health Influences

Very rarely, if at all, is an individual forced into a vehicle after consuming alcohol and then ordered to operate the motor vehicle while impaired. Instead, an individual makes the decision to drive impaired. Many answers are often given to the question of why an individual chose to drive impaired including: I was too tired and wanted to go home, I was not that impaired, I only live a short distance away, I have done it before, and I don't care what happens. The previous statements are merely excuses or poor rationalizations of an individual's current situation. In order to look past the surface answers, or excuses, of why an individual decided to drive impaired it is important to look at the origin cause or demeanor. Mental health concerns, stressors and cognitive processing all play a vital role in decision making.

Due to the wide ranging number of potential mental health conditions and co-morbid disorders only a few common concerns will be emphasized. How an individual processes, analyzes or deals with stress ranging from everyday stressors to traumatic events can cause risk factors for alcohol use and impaired driving. According to the National Institute of Mental Health (NIMH, n.d.) 28.8% of adults will be diagnosed with an anxiety disorder throughout the course of their lifetime. This is a significant portion of the general population who may be at risk for self treating their condition with alcohol as a temporary solution to ease the effects of anxiety which could potentially put them at risk for impaired driving.

Antisocial characteristics and cognitive processing is an additional mental health concern pertaining to impaired driving. According to DeMichele (2011), impaired driving is caused by a lack of self-control or the inability to control impulsive behaviors which is rooted through antisocial attitudes. Pro-social attitudes encourage positive behavior within the community which includes abiding by laws and maintaining recognition of safety for oneself and the

community. Antisocial attitudes are self centered beliefs such as excessive alcohol consumption, the inability to evaluate restraint and choosing to drive impaired even if it puts oneself or the community at risk.

Antisocial behavior is associated with negative attitudes, needs, motives, and poor rationalizations. The cognitive thought process focuses specifically on anti social characteristics as well as errors in thinking that can lead to criminal behavior (Mandracchia & Morgan 2010). Furthermore, Mandracchia and Morgan (2010) found that cognitive maladaptive thinking may predict or lead to additional strains such as interpersonal relationship issues, mental disorders or self harming behavior. Such cognitive inability or maladjustment for the social norms of society has been found to be a significant predictor of criminal behavior and delinquency (McGloin & Pratt, 2003). Criminal behavior includes impaired driving since it is not only illegal but a destructive behavior which causes unsubtle risk to the community.

Cognitive inadequacies have a considerable role in the way an individual analyzes a situation or event. According to Starzyk, Fabrigar, Soryal, and Fanning (2009), important cognitive components that influence an individual's cognitive ability to make behavioral decisions includes attitudes, values and beliefs. For example, if an individual has a negative attitude regarding their safety or the safety of others and it is common behavior to drive impaired because they have not been caught by police then the behavioral outcome of driving impaired will be continued. However, if an individual has a positive attitude regarding public safety while maintaining pro-social values and beliefs regarding being responsible it is more likely that their cognitive processing will evaluate a potential impaired driving situation and conclude that an alternative to operating a motor vehicle impaired is the only foreseeable outcome. The debate is how to alter or influence an individual's attitudes, values and beliefs in order to promote offender

change.

Challenging an individual's behavioral responses, past behavior and errors in thinking is one approach. Cognitive dissonance is the term used to restructure an individual's cognitive process by highlighting inconsistent beliefs which provides the opportunity for an individual or group to question or evaluate the thought (Starzyk et al., 2009). Findings in a study by Starzyk et al. (2009), concluded that regardless of the level of importance stressed to candidates, all three groups who underwent cognitive restructuring showed signs of improved attitude change and reduced cognitive inconsistencies or errors. This study is important for the reason that it emphasizes individual mental judgment which can directly lead to criminal behaviors caused by poor attitudes and antisocial beliefs. Although mental health concerns play a role in alcohol use and impaired driving proper programming is available to improve individual decision making by promoting offender change by addressing mental health concerns.

D. Current impaired Driving Prevention Components

One key component to successfully reducing DWI recidivism is to provide an assessment to individuals convicted of impaired driving in order to identify their individual risk factors. In fact, Minnesota requires all individuals convicted of an impaired driving offense to take a risk assessment survey to determine their individual high risk needs (Ferris, 2007). An independent research company, Wilder Research (2007), was contracted by Ramsey County Community Corrections, located in St. Paul, Minnesota, regarding the implementation of the Adult Substance Use and Driving Survey (ASUDS) by using a self-report survey in which the ASUDS assessment was found to be an effective tool at offering both treatment and educational recommendations. The purpose of such an assessment was to create an individualized treatment plan for each offender to address the high risk needs of the participants and ultimately reduce recidivism.

Currently there is very little comparative research on many risk assessment tools designed specifically for impaired drivers and at this time there is no standardized assessment (Ferris, 2007). However, research has been conducted on numerous risk assessment tools for identifying risk factors and criminogenic needs that result in general reoffending. According to the National Institute of Corrections (NIC, 2010) their research concluded that assessment tools are more effective at identifying intervention needs and high risk offender needs in comparison to strictly professional judgment. Risk assessment tools for impaired driving, such as the ASUDS for example, is a specialized version of an assessment tool to accommodate the large diverse population of offenders while offering customized screening categories to focus specifically on impaired driving risks.

The ASUDS survey utilizes 16 characteristics that help predict high risk factors that could place an individual at risk for continued impaired driving behavior. According to Syrcle and White (n.d.), the 16 traits being evaluated in the ASUDS-R assessment include: alcohol involvement, risk taking driving habits, anti social attitudes or behaviors, mood disturbances, 10 categories of evaluating alcohol or drug involvement, problems caused from chemical use, recent previous six months alcohol or drug habits, mental health issues, benefits or self-treatment of use, anti-social behavior, criminal record, motivation for future change, and protectiveness, direct physical or psychological problems related to chemical use, and social disruptions from use. Although the ASUDS assessment is geared to work hand in hand with the Driving With Care program, it points out the significance of having any type of a standardized risk assessment tool is important in recognizing the risks and needs of DWI offenders.

It is recognized that some individuals are capable of being non truthful during a risk/needs assessment in an attempt to avoid treatment or because they are perhaps minimizing

their alcohol or other drug usage patterns. To prevent coercion or deception from impeding the goal of reducing recidivism it is also important to include additional components to reduce recidivism. Many, if not all states, include some type of a fine or drivers license suspension as a form of punishment and deterrent for driving impaired. Unfortunately the deterrent effect is minimal since it is estimated that a minimum of 70% of drivers who have a suspended or revoked license continue to operate a motor vehicle (MN DOP, 2011). Therefore, oftentimes MADD victim impact panels or AA groups are also court ordered or required by probation as a form of treatment.

Victim impact panels are designed to illustrate the impact impaired driving has had on victims by sharing stories, pictures and expressing the emotional pain many suffer from being victim of an impaired driving accident (Lapham & England-Kennedy, 2011). Although mixed results regarding the effectiveness of victim impact panels exists, most studies have concluded that they do not decrease impaired driving recidivism and the majority of participants surveyed stated it was not helpful in reducing their chance recidivating (Lapham & England-Kennedy, 2011). A study conducted by Shinar and Compton (1995), concluded that the impact panels showed no significant long term effects on recidivism. MADD has been a vocal organization which has brought forth both public concern and ultimately legislative changes towards how to deal with impaired driving offenses (Beck, 2007). Although MADD victim impact panels provide a good purpose at bringing victim awareness to offenders they overall lack the ability to prevent recidivism.

Alcoholics Anonymous (AA) or similar 12-step programs are another commonly court or probation ordered program in which impaired driving offenders are required to attend group meetings. According to Lapham and England-Kennedy (2011), AA and similar programs were

the most criticized court ordered interventions by participants who often reported they did not feel belonged in the group or did not believe they were an alcoholic. Additionally, research has found no reduction in DWI recidivism among those who participated in AA and have found AA to be less effective than other forms of treatment (Lapham & England-Kennedy, 2011). Furthermore, individuals who did not view themselves as being an alcoholic obtained little from the AA meetings and developed counterproductive attitudes (Lapham & England-Kennedy, 2011). AA is a support group that utilizes mentors or sponsors to help individuals who are trying to abstain from alcohol. If utilized correctly and with the correct participants it offers sobriety support. However, this is a difficult concept for most offenders who are convicted of impaired driving since most are likely to continue to use alcohol or deny extensive alcohol issues.

Evidence based programming uses a conception approach of balancing cost, criminogenic needs and effectiveness to reduce recidivism. This conceptual model can be seen in Appendix A. Fundamentally is means that a program is applying research that has been done in the field that has proven to be effective and is applying it to professional practice (NIC, 2012). Commonly, though not all of the time, cognitive programming is utilized as part of an evidence based program or initiative to address errors in thinking in association with substance abuse. Cognitive programming recognizes the notion that approximately 50% of offenders convicted of an alcohol or drug related offense, including impaired driving, are not addicted to the substance and are able to voluntary control their usage (Marlowe, 2011). Furthermore, placing individuals who are not addicted to substances in drug or alcohol treatment programs has been shown to decrease success rates and increase recidivism (Marlowe, 2011). Cognitive programming provides both an alternative to intensive drug treatment while offering support in areas that may lead to further drug use or abuse.

Cognitive Behavioral Therapy (CBT) focuses treatment on individual beliefs, attitudes and values which underline thought patterns and eventually behavioral actions (Clark, 2010). CBT addresses a number of issues such as problem solving skills, self-control, impulsivity, managing feelings, dealing with stress, restoring relationships and delaying gratification (Clark, 2010). Common CBT programs include Reasoning and Rehabilitation (R&R), Aggression Replacement Therapy (ART) and Thinking for a Change (T4C), among others. For example, research on recidivism rates for T4C concluded significantly lower recidivism rates for individual that completed the program in comparison to individuals not who did not participate (Lowenkamp, Hubbard, Makarios & Latessa, 2000). Furthermore, according to Clark (2010), CBT and skill building was shown to have the greatest effect at reducing future criminal behavior. Cognitive behavioral therapy is a proven practice that has certified to reduce recidivism if implemented correctly.

III. THEORETICAL EXPLANATION: RATIONAL CHOICE THEORY, SOCIAL CHOICE THEORY COGNITIVE TRANSFORMATION THEORY.

Understanding the theoretical approach that leads to impaired driving is important when creating policies, procedures and programs to prevent future recidivism. As with many criminal acts, there is no single theory that solely explains all of the possible dynamics factors that may lead an individual to operate a vehicle after consuming alcohol, impaired driving is no exception. The impaired driving behavior can be explained through three theories including the rational choice theory, self-control theory and the cognitive transformation theory.

A. Rational Choice Theory

The rational choice theory was created on the understanding that offenders chose to commit a crime because they somehow benefit from the outcome. Clark and Cornish (2001), describe the theory is six fundamental components including: (1) crime is committed to benefit the offender, (2) logical decisions are overlooked which causes extra risks and ambiguity, (3) Offender decision process varies by crime, (4) involvement decisions are separate from event decisions, (5) involvement decisions are broken down into initiation, habituation and desistance, (6) event decisions include stages such as preparation, target selection, commission, escape and aftermath. It is through these six components that an individual rationalizes their behavior that leads to a criminal offense.

For impaired driving the first component is observed by understanding how the offender will benefit from driving impaired. According to Clark and Cornish (2001) an individual is never senseless but able to committing an act for a specific benefit, otherwise there would be no need to break the law or put others in harm's way. Such benefits for impaired drivers include not having to leave their car at a bar overnight, not having to wait or pay for a cab, their sober ride

fell through, they do not want to be dependent on others, they are less intoxicated than others they are with or quite simply because they wish to sleep in their own bed so driving home is worth the risk. These are just a few examples as the list of potential benefits is limitless.

The second component highlights the impairment in judgment. Although an individual is making a decision to benefit from they often do so by causing a higher risk to themselves and others. Alcohol is a mind altering drug which aids in the distortion of risk factors. For example, an individual consuming alcohol may appear clearly intoxicated to onlookers but as far as the individual is concerned they may feel or think they are okay to operate a vehicle. This is also seen by individuals who believe they are more capable of driving impaired because their friends appear to be in a worse condition. Although individual thinking may appear rational to the impaired driver they are actually still causing undue risk through their actions.

The third component pertaining to decision making factors based on the nature of offense is malleable specifically to impaired driving. For instance, the type of rationalization that goes into driving impaired for an individual who rarely drinks but un-expectantly has a few too many has a different thought process in comparison to an individual who drinks significantly and drives impaired on a regular basis. The individual who rarely goes out could be thinking that driving impaired is a onetime event and everything should be okay whereas the consistent impaired driver is more likely rationalize the thoughts that they are always okay to drive impaired and they must be good at it since they have never been caught or stopped by police in the past.

The fourth element distinguishes different concerns pertaining to involvement decisions and event decisions. Involvement decisions relate specifically to the individuals criminal intuition or mindset whereas event decisions concern the immediate environment the individual

is in (Clark & Cornish, 2001). The fifth component elaborates on involvement decisions which reflect an individual's initiation, habituation and desistance. In laymen terms this focuses on background factors including an individual's upbringing, current lifestyle and their needs or motives at the time (Clark & Cornish, 2001). This is similar to the cognitive theory that focuses on attitudes, values and beliefs. An individual's upbringing, present lifestyle and current motives are influenced heavily by their emotional and societal constructs. For case in point, an individual who grew up with the belief that impaired driving is harmless or they would never be impacted by the consequences will have a different view than an individual who is aware of the hazards or possibly knows someone who was injured or killed by an impaired driver. The same is seen through diverse lifestyles and motives. An individual who takes risks and whom has a poor ability to postpone gratification will have a different outcome than an individual who holds a high value of personal or community safety as well as a strong sense of self control. Although individual involvement stages play a significant role in decision making the event involvement also needs to be considered.

The sixth and last component pertains strictly to the environmental factors. In this stage an individual evaluates whether they are physically capable of committing the offense by factoring each phase of the crime (Clark & Cornish, 2001). For impaired drivers common stages would include preparation such as choosing a mode of transportation, such as their vehicle, and a route to their destination. The actual offense would be impaired driving. The last two sequential considerations, escape and aftermath, can vary significantly depending on the situation. Escape can include everything from trying to flee police in a motor vehicle or by foot or lying to police officers or admitting to use. The aftermath can vary from making it to the destination safety to being arrested or being involved in a car accident. See Appendix B for an illustration of some

factors that play a role in the environmental factors.

According to the rational choice theory a rehabilitative program to reduce impaired driving would require specific components. The main component of the program would be to analyze why an individual chose to drive impaired and create skills to avoid the behavior. This would be achieved by evaluating an individual's values, beliefs and emotional responses. Furthermore, it would examine the environmental opportunity that assisted in promoting impaired driving. The goal of the program would be to identify an individual's needs and strengthen skills that could be utilized to overcome the environmental opportunity of driving impaired. In conjunction with developing skills, strengthening values, adapting positive cultural beliefs and creating a health emotional response would also be imperative to reducing impaired driving. In order for the rational choice theory to be applicable it is required that offenders find little or no benefit to impaired driving, thus the only viable option available would be an alternative means of transportation.

B. Social Learning Theory

The social learning theory that is being applied is specifically from Ronald L. Akers, who also integrated part of the differential association theory. According to Akers (2001), the social learning theory is broken down into seven categories including: (1) behavior is learned through operant conditioning, (2) behavior is learned and reinforced through nonsocial and social situations, (3) learned behavior also occurs in groups where reinforcement a cause and source, (4) specific techniques, attitudes and procedures are needed, (5) frequent behaviors and norms are reinforced then applied, (6) learned behavior is more reinforced than non-criminal actions, (7) the magnitude of the learned behavior results directly from frequency and intensity of the reinforcement. A study by Scott, M.S., Emerson, Antonacci, and Plant (2006), concluded that

the average impaired driver had operated a motor vehicle impaired between 80-200 times before they were stopped by police. This demonstrates the learned behavior in that most impaired driving is not merely a onetime occurrence or a single lapse in judgment but a behavioral pattern.

The first construct, operant conditioning, is a part of learned or accepted criminal behavior. Operant conditioning is merely rewarding the desired behavior while escaping the negative or unwanted behavior. For impaired drivers the reward would be driving impaired without an accident or being stopped by police and making it to their destination. The negative punishment is an accident or a DWI arrest. The second construct recognizes that behavior can be learned in social or non-social settings. For example, by witnessing an individual drive impaired on numerous occasions without negative consequences the behavior is reinforced as a nondestructive action. It is also reinforced through nonsocial situations such as one's perceived view of the law itself or possibly law enforcement personnel.

The third element focuses on how a group can be a significant source of reinforcement. For impaired drivers, specifically social drinkers, individuals who are around a social peer group in which the majority of members encourage and participate in the behavior are more likely to perceive the behavior as positive. This leads to the fourth factor which transitions to the reinforcement of technique, attitude and avoidance methods. A few maladaptive attitudes include: not caring about driving impaired, okay to drive impaired, not impaired, have driven before and was okay. A group setting also encourages techniques or avoidance tips such as driving home impaired when law enforcement personnel have shift changes, travel on back roads to avoid Police or chewing gum to try to disguise the alcohol smell. Active methods are taken to justify the behavior and avoid getting caught.

The fifth element adds frequency and societal norms to the learned behavior. Again, this

is amplified in a group setting. During this phase the group develops new social norms that view impaired driving as harmless, casual and a part of their daily or weekly routine. With social norm acceptance comes an increase in the frequency of impaired driving which ultimately reinforces the behavior. The sixth component continues the acceptance of the learned behavior, impaired driving, and intensifies the reward more so than the noncriminal behavior of obtaining a sober mode of transportation. For instance, at this phase an individual may experience more of a negative reinforcement by not social drinking with their peers because they have to drive. Acknowledging that the social norms have been negatively altered within the group it is difficult for an individual to not abide since they will now be seen as not accepting the norms set solely within the group. To avoid discomfort and social negativity an individual is likely to resort back to previous impaired driving patterns to again feel the positive reward within the social group.

The seventh concept sums up the phases by acknowledging that learned behavior will continue to be reinforced as frequency and reward increase. As an individual drives impaired they are likely to continue to do so if they are not caught by police, are not in an accident and as long as they continue to receive positive reinforcement from their social groups. According to Akers (2001) general beliefs such as religion, morals, values and norms play a role in deviant acts as well. Even if the reinforcement is strong an individual still has their own set of values, attitudes and beliefs that can be altered to change behavioral outcomes.

A rehabilitative program that is based off of the social learning theory would have specific elements to be effective. The program would have to teach individuals the social norms of society and use positive reinforcement for participants to grasp the constructive behaviors. The program would also have to encourage alternative behaviors. An example would be to encourage participants to partake in a hobby, sport or join an organization to occupy their time

after work or on the weekends. The purpose of encouraging an alternative activity is to discontinue and prevent destructive behavioral patterns. Negative behavioral patterns include meeting with anti-social friends who encourage impaired driving behavior or being a part of a habitual routine of consuming alcohol then driving. By pursing alternative activities participants are presented with the opportunity to develop positive associations within the community and break destructive patterns while ultimately the new positive behavior would be reinforced.

C. Cognitive Transformation Theory

The cognitive transformation theory examines criminal behavior and the process needed to produce offender change. A cognitive approach to explaining criminal activity examines the development of an individual by looking at ties to society as well as social bonds that an individual has developed over a lifetime in comparison to other theories that attempt to explain the mere onset of criminal activity (Giordano, Cernkovich & Rudolph, 2011). This approach takes away potential excuses often used by individuals who commit illegal behavior and places the blame back onto the offender. According to Giordano et al. (2011), research suggests that cognitive behavioral programming has been effective in reducing recidivism while encouraging rehabilitation.

The cognitive transformation theory states that criminal activity occurs because an individual is not connected to society, they have poor social bonds and antisocial characteristics (Giordano et al., 2011). As a result, in order to reduce criminal activity it is imperative to create meaningful relationships, positive connections within society, obtain steady employment and create a new pro-social identity. This is achieved by discarding old behavioral patterns and adopting new lifestyle changes (Giordano et al., 2011). Case in point, the impaired driver who habitually consumes alcohol after work at happy hour then drives home has maladaptive

behavioral patterns. The impaired driver who has a tough day at work or gets in an argument with his/her significant other and consumes alcohol prior to operating a motor vehicle did so due to weak social bonds and a poor attachment to the community. The cognitive transitions theory offers an individualized approach to produce motivation and lifestyle changes in both thought and behavioral outcomes.

In order to produce behavioral change the cognitive transitions theory places a heavy emphasize on the individual thought processes. Appendix C highlights the cognitive learning process to change. By looking at this chart it can be observed that automatic thoughts are comprised of attitudes, values and beliefs. These are the fundamental components in the cognitive model of change. An individual with positive attitudes, values and beliefs will have stronger social bonds and a well developed tie to the community. Their expectations, appraisals, attributions and decisions will more likely be positive and adaptive to the values and norms of society. This leads to healthy emotional stability and eventually a constructive behavioral choice. Since outcomes are always reinforced the positive behavior is rewarded and strengthened.

One situational case would be an individual that is in an argument with his/her significant other. Automatic attitudes and values would be that no one cares about them, they cannot make anyone happy and they are not being treated fairly in the relationship. Their expectation would be that alcohol will make them feel better and they can obtain attributions for their side of the argument from patrons at the bar. Emotions would be anger, depressed, and self pity. As the individual is forced to make a behavioral choice their negative attitude and disconnect from positive social bonds will lead them to making a maladaptive action, driving impaired. Although the driving impaired behavior itself may not be strengthened the individual's negative attitudes

values and beliefs are reinforced, placing them at a greater risk for repeating the impaired driving behavior. This was just one example of the endless number of possible situations that can be illustrated through the cognitive process of learning and change.

The cognitive transitions theory offers yet another explanation into criminal behavior. It is applicable to first time and chronic offenders as well as different religious backgrounds, age groups and ethnic or cultural backgrounds. The theory is capable of identifying individual needs (Giordano et al., 2011). Upon identifying an individual's needs healthy social and community bonds as well as positive attitudes values and beliefs can be created and learned. The goal with the cognitive transition theory is to identify maladaptive mental and behavioral characteristics while motivating positive lifestyle changes to prevent recidivism.

A program which utilizes a cognitive transformational approach to reduce recidivism among impaired drivers would include numerous core components. The main component would be to change behavioral outcomes by addressing how an individual cognitively processes a given situation. Participants would analyze their values, attitudes and beliefs and work towards strengthening their social bonds within the community. This is achieved by encouraging positive decision making which leads to a positive behavioral outcome, ultimately reinforcing the positive primary core values, attitudes and beliefs. Breaking negative behavioral patterns and developing new pro-social activities is also important in encouraging change. This encourages strong social bonds as while reducing negative influences. Finally, the overall goal with a cognitive transformational based program is to provide an overall lifestyle change. By facilitating change participants will be able to develop healthy social bonds, partake in positive social activities and effectively handle stress while holding true to the fundamental components of having strong values, attitudes and beliefs.

IV. RECOMMENDATIONS FOR IDENTIFYING AND IMPLEMENTING EFFECTIVE PROGRAMMING DESIGNED SPECIFICALLY TO REDUCE IMPAIRED DRIVING RECIDIVISM.

Offenders who drive impaired should be no different than others who break the law. They are committing a criminal act and should be held accountable for their actions. Although it is important to provide some type of a sanction for dangerous behaviors that cause harm to society, it is also important to provide the opportunity for rehabilitation and future prevention. The goal is to provide a balance between sanctions, community safety, deterrence, retribution to society and rehabilitative services to prevent recidivism.

Fines along with jail or incarceration should be utilized as a sanction for impaired driving, both of which increase with each new driving while impaired conviction. Fines should not be excessive in an attempt to increase deterrence since the purpose is not to impede the individual but to make them financially responsible for their actions and to alleviate the cost on the correctional system. As emphasized by Scott et al. (2006), there is little evidence that shows any deterrent effect from increased fines or incarceration due to the common belief that most impaired drivers who operate a motor vehicle do so under the assumption that they will not get caught. Additionally, increased incarceration time for impaired drivers has been linked to court overcrowding, conflicts with mandatory sentencing, and fewer guilty pleas (Scott et al., 2006). Rather, incarceration should be reserved for repeat offenders who pose a safety hazard to the community. Financial compensation for damage and injuries should be separate from any court or probation fees. For individuals who are not financially capable of paying fines then the alternative of community service should be made an option. Community service through work crews with the county or state can help repair harm to the community while saving tax payer dollars in personnel costs.

Drivers' license suspension or revocation is also necessary. This provides a realization that driving is a privilege and not a right. Although a driving restriction is designed to help keep the community safe by removing the impaired driver from the roadway it serves a dual purpose of breaking the negative habitual behavioral patterns of impaired driving. Individuals are forced to rely on alternative means of transportation such as friends, co-workers, family or mass transit. As noted by MN DOP (2011), drivers' license suspensions should not be used as a form of deterrence or the single method to ensure public safety due to the fact that 70% of drivers continue to drive on a suspended or revoked license. The duration of which an individual's driving license is suspended should reflective to the number of DWI convictions they have.

Taking the importance of employment and other obligations is recognized in that a suspended drivers' license can significantly hinder an individual from being able to attend classes, work or pay fines. In the alternative to drivers' license suspension or revocation, the ignition interlock program should be a viable option. Ignition interlock requires individuals to provide a breath sample which results in a negative reading for alcohol prior to the vehicle becoming operable. Although found to be effective, Scott et al. (2006) clarifies that ignition interlock takes a passive approach to preventing impaired driving by restricting vehicle operation and is not a long term program nor does it provide any type of rehabilitation. Ignition interlock does serve a purpose of providing an added level of safety for the community while the device is installed on the offender's vehicle. The duration of which an individual is required to use the ignition interlock program is reflective to the number of DWI convictions they have.

The first step towards guiding an offender towards rehabilitation and prevention is to first assess their individual high risk needs. According to the NIC (2010), in order to prevent recidivism criminogenic risk factors must be identified then appropriate intervention needs to be

implemented. A risk assessment tool designed specifically for impaired drivers should be utilized. This will help evaluate whether an offender is in need of chemical dependency treatment, group support, cognitive programming, mental health counseling, support groups or a combination of resources available. It is important that the risk assessment tool, such as the ASUDS for example, is designed specifically for impaired driving offenders because of the diverse population that is convicted. As discussed by Syrcle and White (n.d.) the assessment tool should be applicable to all genders, religious beliefs, diverse cultures, ethnic backgrounds, and socioeconomic status. This will eliminate potential cultural conflicts and focus merely on the impaired driving behavior, mental stability, emotional status and alcohol or other drug use.

First time impaired driving offenders should be required to partake in a victim impact panel. This will provide an opportunity for offenders to hear how victims of impaired driving accidents have been negatively impacted. Lapham et al. (2011) pointed out that the purpose of the impact panel is to provide a onetime eye opening emotional experience on how impaired driving is a dangerous maladaptive behavior even though studies observed no long term reduction in recidivism. Due to the fact that there is no long term recidivism effects repeat impaired driving offenders should be required to attend impact panels at the discretion of the probation department or their own will. This will provide probation officers with discretion to utilize the program as they see fit to accommodate an offender's progress as they meet conditions set by the court.

Alcoholics Anonymous and other support group based programs should not be implemented by the court or probation. Such programs should be sought out by participants in need of extra support to abstain from alcohol. In the findings from Lapham et al. (2011), AA was not only seen as less effective than other forms of treatment but it was the most complained

about court ordered requirement since many participants did not feel as if they belonged in such a group, which was seen to cause counterproductive attitudes. The court and probation departments should only provide resources pertaining to support based groups if offenders request such information. This will prevent the over implementation of excessive programming which can actually impede an individual's ability to succeed. Instead, support group based programs should be replaced with cognitive behavioral programming.

Driving With Care will be utilized as a model cognitive behavioral programs that is designed specifically for reducing recidivism for impaired drivers. This type of programming should be mandatory for all impaired driving convictions. As suggested by Ferris (2007), dedicated levels of cognitive programming should be reserved for different types of impaired driving cases as well as the level of potential risk factors which will be identified through a risk assessment tool. For example, the Driving With Care program has a 6 week level 1 class, 12 week level 2 class and a 21 week level 2 class with therapy. Level 1 programming would be utilized for some first time offenders who score low on the risk needs. Most offenders will be placed in level 2 programming which is designed to handle first time offenders with moderate risk needs as well as most repeat DWI offenders. Level 2 with therapy focuses more on AODA use patterns in conjunction with the standard level 2 program. This should be reserved for offenders who display signs of AODA problems and utilized with or after more intensive chemical dependency treatment programs.

Maintaining program duration is essential to produce program integrity and effectiveness. According to the National Institute of Health (NHI, 2006), better treatment outcomes are seen with programs that last at least 90 days, or 12 weeks. Furthermore, legal pressure to participate in programming can improve participation and completion rates (NIH, 2006). This is especially

true for cognitive behavioral based programs. It is important participants attend class consistently without an absence. Participants address a new topic each week and are assigned to practice or implement the targeted skills that have been learned. They are also able to walk through high risk situations and solve problematic situations by using the skills taught in the program. Additionally, this provides offenders with the opportunity to address what was successful and what needed improvement in class the following week. Giordan et al. (2011) argued that the risk factors for the cognitive transformation theory include poor connectivity with society, poor social bonds and personal anti-social characteristics. In the case of a rehabilitative program, focusing on the risk factors that cause impaired driving to create skills and ultimately prevent recidivism would reduce the risk of recidivism.

The first of two elements a program should contain is to provide updated information on impaired driving laws as well as the effects of alcohol. A minimal amount of time should be utilized in class since the main focus is on behavioral outcomes. The program should emphasize an abstinence policy in which participants are to abstain from all non-prescribed mind altering chemicals, specifically alcohol, throughout the duration of the program. As recommended by NIH (2006), individuals should learn how to live a drug free life at least long enough to develop healthy relationships and improve interactions with the community. Additionally, since the program is designed to focus on behavioral and mental changes it is important that participants have a clear and drug free mind method of thinking. Abstaining from mind altering chemicals also compels individuals to abruptly break old drug use behavior patterns. This should exceed no more than 20% of the overall class focus.

The second, and most substantial, element of a cognitive behavioral program for impaired drivers is to examine both the behavioral and mental patterns cycle seen in appendix D. This

cycle illustrates how alcohol is expected and consumed to reduce stressful or negative experiences, unfortunately long-term consequences magnify as an individual continues to resort to alcohol to alleviate discomfort. Argued by Akers (2001), regarding the social learning theory, an individual who is caught in the behavioral and mental patterns cycle has learned through operant conditioning that alcohol is a reliable method for reducing stress, thus reinforcing the destructive behavior and increasing the risk for impaired driving. Therefore, breaking the behavioral mental impaired control cycle can significantly reduce the risk of continued impaired driving. This will be achieved by dedicating the remaining 80% of the program duration to individual thinking and behavioral outcomes while following the theoretical explanation for risk factors that lead to impaired driving.

Clark and Cornish (2001) argued in their theoretical explanation of the rational choice theory that criminal behavior is committed because the offender over looks risks, is seeking to benefit themselves and their current lifestyle motivates the criminal behavior. The program must address pro-social behaviors within the community and enhance the development of healthy relationships. This is achieved by having participants review the victimization of their impaired driving and alcohol usage behaviors as well as focusing on how many people have been affected by their actions. Individuals will be able to interpret how their behaviors went against the norms of society and will develop a better understanding of what behaviors are acceptable within the community. Once participants recognize the normal constructs of society the next emphasis in the program should focus on prior behavior patterns to create healthy lifestyles. Individuals will analyze how their alcohol usage and impaired driving patterns progressively increased over time, eventually becoming abnormal. New behavior patterns will be encouraged to strengthen strong pro-social behaviors within the community.

The most important component of the program is to emphasize an individual's attitudes, values and beliefs. This is accomplished by educating the participants on the cognitive behavioral learning process, seen in Appendix C, regarding how thoughts and individual decision making is the sole cause of behavioral actions. To gain a better understanding of the cognitive philosophy participants will be required to break down their impaired driving event which led them to drive impaired by starting from the initial event, their thoughts, what attitudes beliefs, and feelings they encountered as well as the behavioral choice and the negative behaviors that followed (Wanberg, Milkman & Timken, 2005). According to Giordano et al. (2011), the cognitive transitional theory produces change by having individuals identify and discard negative behavioral patterns by replacing them with new pro-social lifestyle changes. This is illustrated in Appendix E, participants will then be required to create an alternative set of mental processing which is positive; fits the norms of society and that would have produced a positive outcome.

A fundamental understanding of the cognitive behavioral program designed for impaired drivers is that although individuals may not be able to control every situation or event they encounter, they are responsible for how they react to the situation as well as what their behavioral actions outcomes. The model seen in Appendix E is applicable to nearly every event an individual can experience. An individual who maintains positive relationships with others and the community as well as a healthy personal lifestyle will have the resources available to overcome high risk situation not just related to impaired driving but in other aspects of their life as well. This leads to the final element of the program. Participants are able to use a clear drug free mind, new behavioral patterns, pro-social social beliefs as well as their newly strengthened cognitive though process to address potential high risk situations. The program will focus on common stressors such as family, employment, significant other and peer related stressors but

the methods taught to effectively handle stressful situations will be applicable to nearly all issues ranging from financial and personal stress to cultural and religious stress.

The purpose of a cognitive behavioral program dedicated specifically to impaired driving is to reduce recidivism by altering negative behavioral patterns, conforming to the norms of society and strengthening individual cognitive behavioral skills such as attitudes, values and beliefs to overcome high risk situations. By facilitating offender change participants will be able to better control their emotions, feelings and behaviors during difficult times and resort to a positive pro-social behavior rather than alcohol use. The outcome is an individual who develops healthy relationships in all aspects of their life to form a strong self and community bond which will ultimately reduce impaired driving behavior.

V. SUMMARY AND CONCLUSION

Modern technology has increased over time to ensure the safety of motor vehicles. However, the real risk on the roadways today are the 157 million Americans that admitted to driving impaired in 2009 which has unfortunately produced a large victim population (CDC, n.d.). The general nature of impaired driving makes the offense applicable to nearly anyone who is capable of both consuming alcohol and operating a motor vehicle, which creates a diverse offender population. In 2009 repeat impaired drivers accounted for 41% of DWI arrests (MN DOP, 2011). This is an alarming percentage of drivers that continues to place themselves as well as the community at risk. Better and more specialized programming is needed to reduce impaired driving recidivism.

Cognitive behavioral programs do work seeing as they are designed to address the high risk elements that lead to impaired driving. Cognitive behavioral programs are a part of the evidence based practices initiative in which they are proven effective by research. More research needs to be conducted on cognitive behavioral programming that is designed specifically for impaired driving, such as the Driving With Care program. Continued research will provide a better understanding of how programming designed specifically for impaired drivers is able to reduce recidivism in comparison to other cognitive behavioral programs or other forms of impaired driving programming. Future research is also recommended for risk assessment tools that are designed specifically for impaired driving offenses. These assessment tools are designed to cater to the needs as well as the diverse population of offenders. Continued research will be able to focus on creating a standardized risk assessment tool.

Although future research is needed to gain a better understanding of the complete impact cognitive behavioral programming as well as risk assessment tools have on reducing impaired

driving recidivism, it was concluded that they both do have a positive on promoting offender change. They key components of a risk assessment tool that is designed specifically for impaired driving is to recognize alcohol and other drug dependency or abuse issues as well as focus on a number of external causation factors such as stress, relationships, finances, employment, mental health concerns, driving habits, etc. Such an assessment will help place offenders in the correct program to address their specific needs.

Impaired driving is caused by a person making the mental decision to drive impaired. Thus, correcting errors in thinking would reduce recidivism. This is accomplished by addressing the theoretical components to the mental process that results in behavioral outcomes. Individual attitudes, values and beliefs are the core components that structures how an individual views themselves and how they fit into a community. Additionally, under the assumption that behavior is learned, negative habits can be replaced by positive social values which are reinforced by pro-social connections and activities within the community. The ultimate goal is to prevent an individual from interpreting a given high risk situation as an opportunity to drive impaired by forming the conclusion that operating a motor vehicle is a plausible decision. With positive community associations as well as strengthened personal values, attitudes and beliefs the outcome should be an alternative to driving impaired thus reducing high risk situations and recidivism.

Cognitive behavioral programming that is designed specifically for impaired driving is proficient in addressing such issues. As highlighted in the Driving With Care program, participants not only examine their current or past alcohol use patterns and how it has negatively impacted their lifestyle but they also address personal values and beliefs as well as their associations with others. Participants are able to address high risk situations which can lead to

alcohol consumption while developing skills to better deal with personal problems. Individual attitudes values and beliefs are strengthened while participants are able to address their specific high risk thoughts and situations. Cognitive behavioral program that is designed specifically for impaired driving is able to provide an individualized curriculum which provides participants with the opportunity to address their specific needs.

Due to the countless number of factors that can lead to impaired driving there is no one cure all program that will be able to completely eliminate impaired driving recidivism. However it is possible to reduce the recidivism rate by following recent research and implementing current programs that are designed specifically for the impaired driving population. As the implementation of updated programming continues better results on its effectiveness will result, thus creating the opportunity for future updates and changes to the curriculum. The collaborative goal of implementing new programming is to reduce recidivism. By implementing the ASUDS risk assessment tool and the Driving With Care curriculum researchers will be able to better understands its impact on impaired driving recidivism. In the meantime, participants as well as the community can benefit from the positive offender change.

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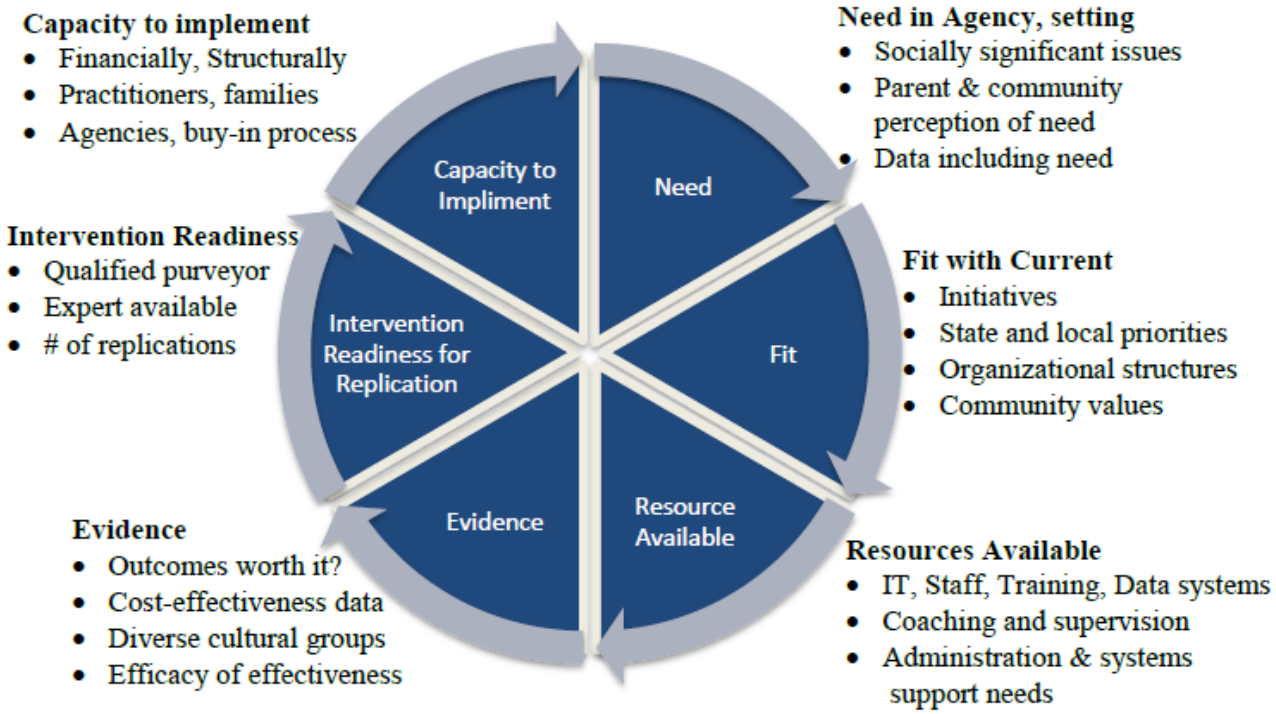
APPENDIX A

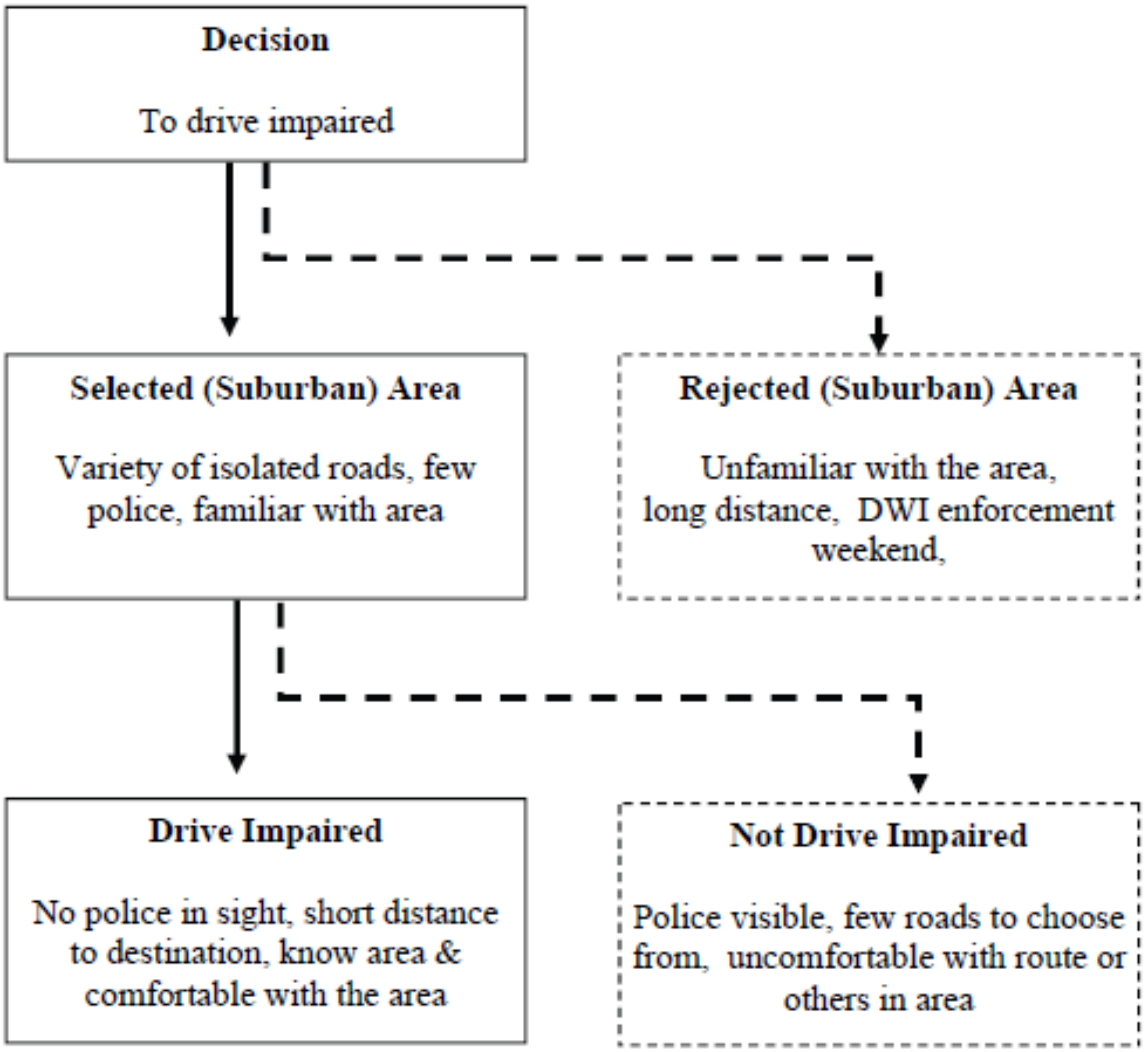
Assessing Evidence-Based Programs and Practices



From "Assessing Evidence-based Program and practices" by M. Anderson, 2011, *Federal Probation: a Journal of Correctional Philosophy and Practice*, 75(2), p. 50. Copyright 2009 by the National Implementation Research Network.

APPENDIX B

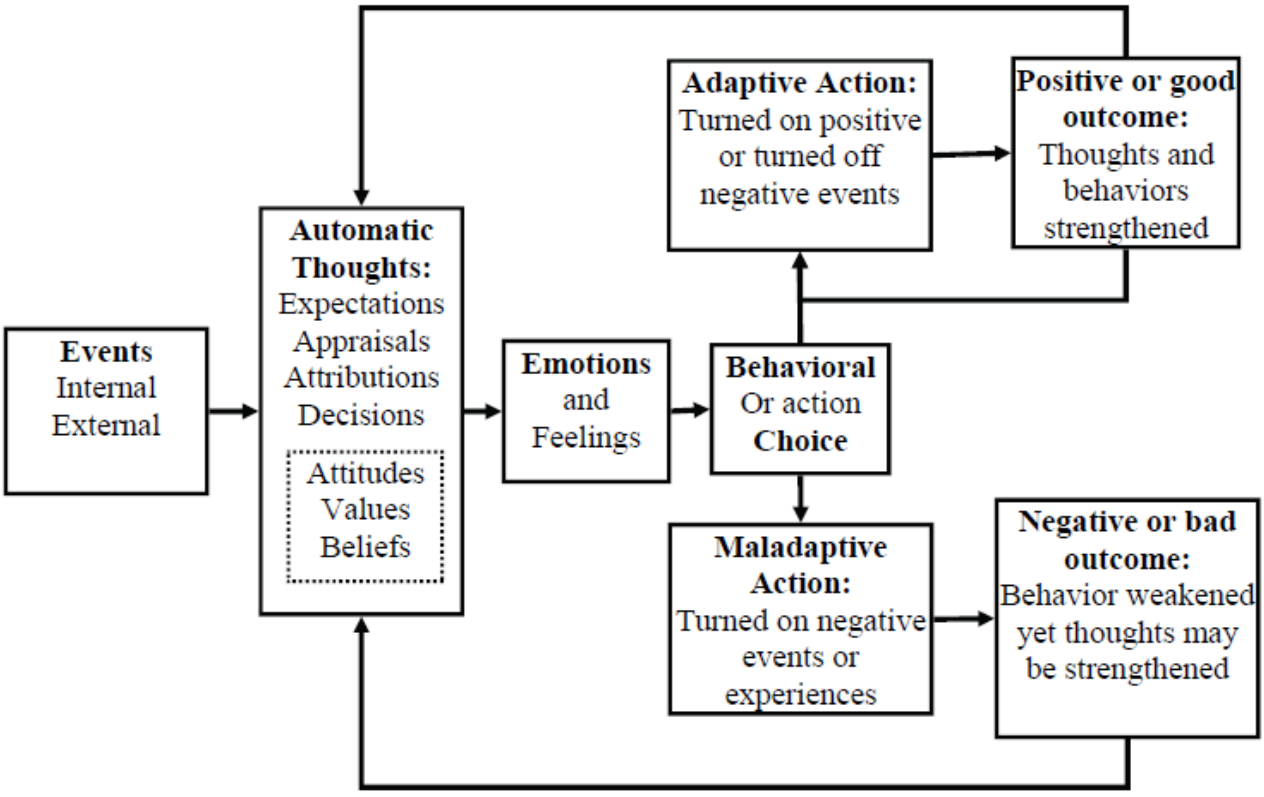
One Stage of the Criminal Event: modified to support impaired driving behavior.



From *Explaining Criminals and Crime* (p31), by R. Paternsoter and R. Bachman, 2001, New York: Oxford University Press. Copyright 2001 by the Oxford University Press, Inc.

APPENDIX C

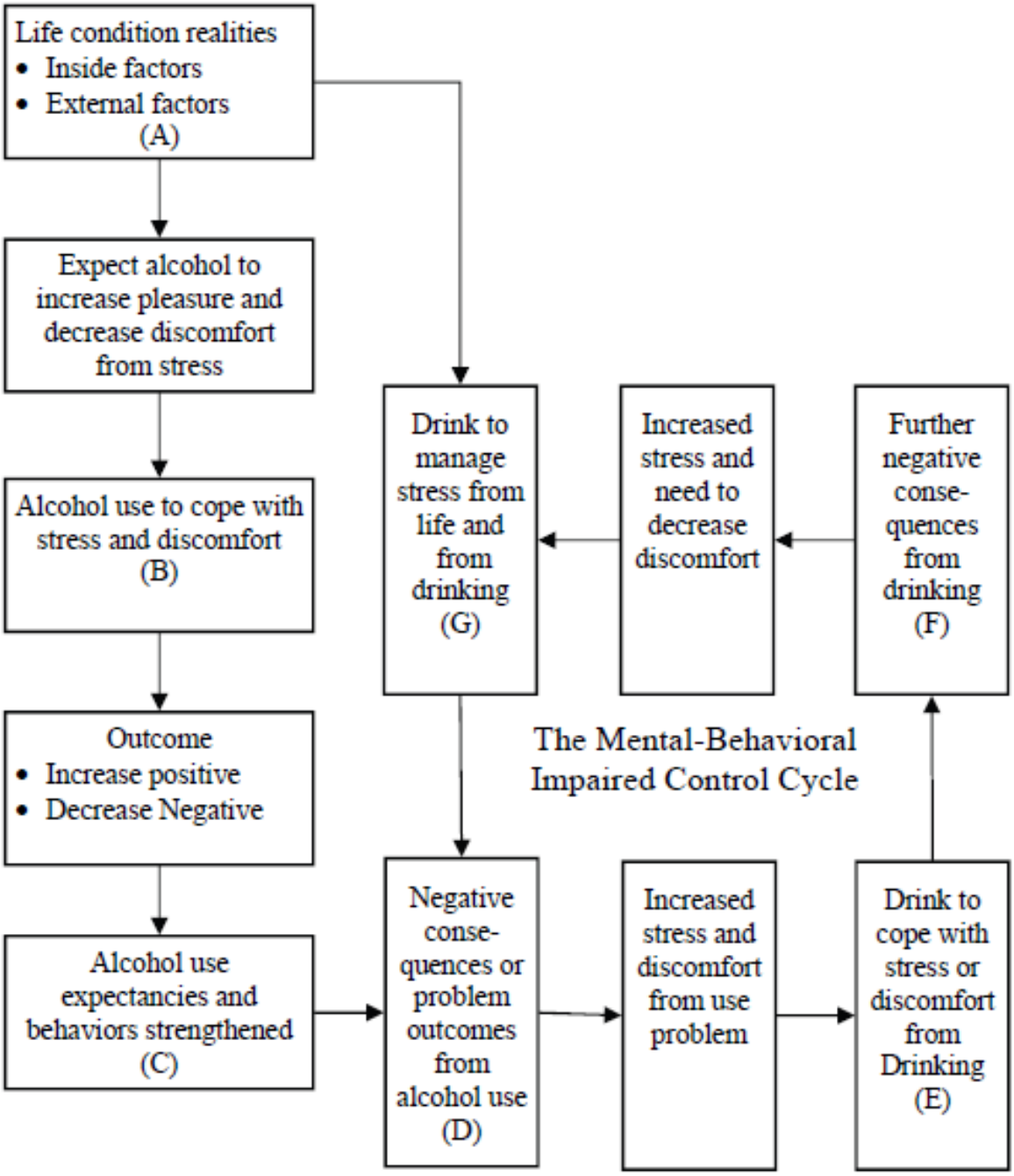
Key Model for the process of learning and change: The cognitive Model of Change



From *Driving With Care: Alcohol, Other Drugs, and Driving Safety Education (The Participant's Workbook Level II Education)* (p.59) K.W. Wanberg, H.B. Milkman, and D.S. Timken, 2005, Thousand Oaks: Sage Publishing.

APPENDIX D

Mental-behavioral impaired control cycle (ICC)



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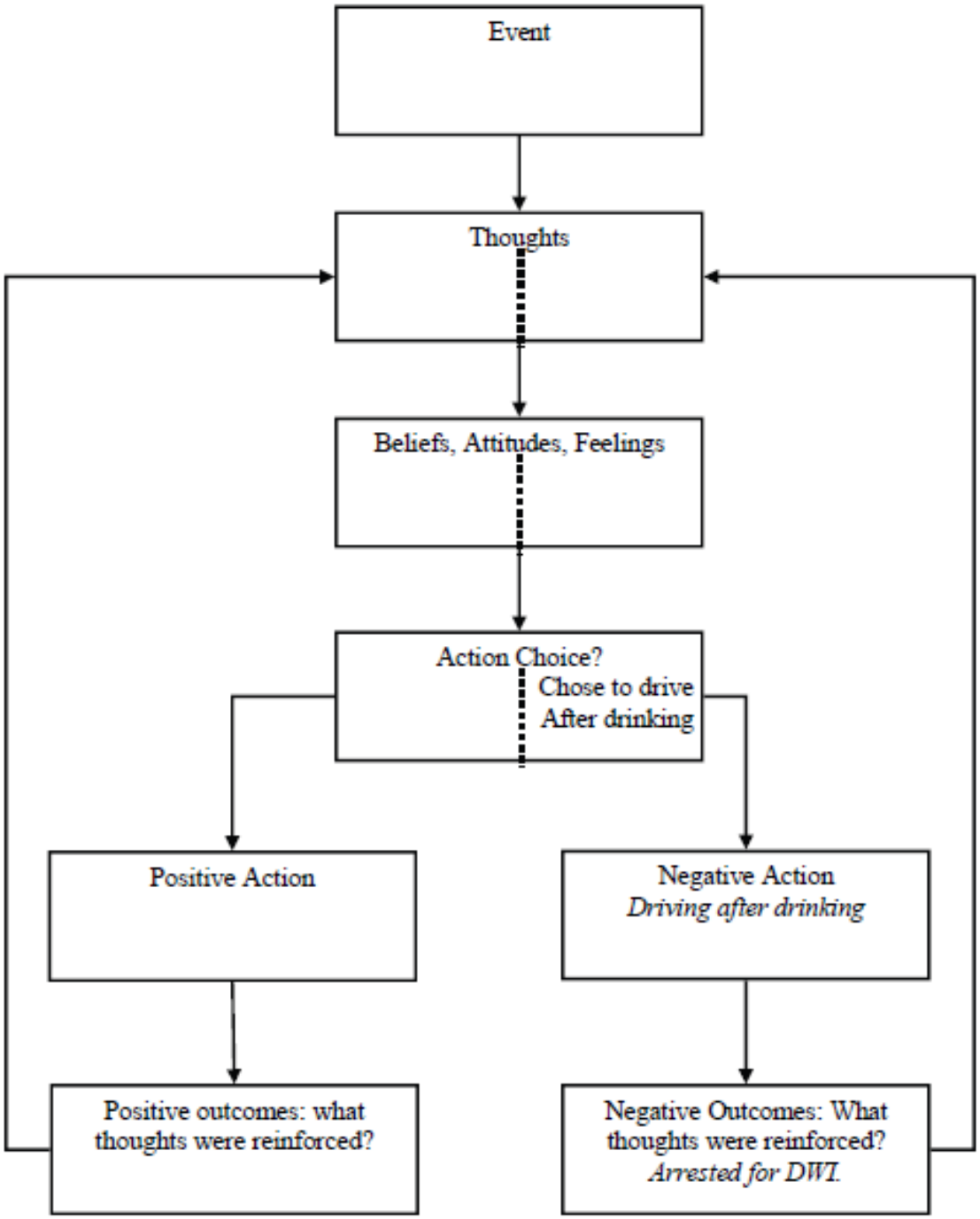
APPENDIX E

Practicing cognitive behavioral change



From *Driving With Care: Alcohol, Other Drugs, and Driving Safety Education (The Participant's Workbook Level II Education)* (p.61) K.W. Wanberg, H.B. Milkman, and D.S. Timken, 2005, Thousand Oaks: Sage Publishing.